

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101584209
FILING DATE 6-23-06
APPLICANT(S)

7-9-07 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3			1		1	
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			1		1	
9			1		1	
10			1		1	
11			1		1	
12			1		1	
13			1		1	
14			1		1	
15			1		1	
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22			1		1	
23			1		1	
24			1		1	
25			1		1	
26			1		1	
27			1		1	
28			1		1	
29			1		1	
30			1		1	
31			1		1	
32			1		1	
33			1		1	
34			1		1	
35			1		1	
36			1		1	
37			1		1	
38			1		1	
39			1		1	
40			1		1	
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47						
48						
49						
50						
TOTAL IND.			1		1	
TOTAL DEP.			39	36		
TOTAL CLAIMS			40	37		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			39	36		
TOTAL CLAIMS			40	37		